

As a below-named inventor, I hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "URETERAL ACCESS SHEATH", specification of which:

(check one) ☒ is attached hereto
☐ was filed on _____ as US Application Serial Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designation the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____	_____	_____
(Application Number)	(Filing Date)	(Status -patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Richard L. Myers, Registration Number 26,490; address all telephone calls to: Richard L. Myers at telephone number (949) 582-6120; address all correspondence to: Richard L. Myers, 26051 Merit Circle, Suite 103, Laguna Hills, CA 92653.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): GARY R. DULAK

First Inventor's signature G. Dulak
 Residence Newport Beach, California
 Post Office Address 786 Alderwood, Newport Beach, California 92660

Date 4/29/99
 Citizenship U.S.A.

Full name of second inventor (given name, family name): RALPH V. CLAYMAN

Second Inventor's signature Ralph V. Clayman
 Residence Clayton, Missouri
 Post Office Address 14 Ridgemoor Drive, Clayton, Missouri 63105

Date 4.29.99
 Citizenship U.S.A.

Applicant or Patentee: Dulak & Clayn.
Serial or Patent No.: To be Assigned
Filed or Issued: Herewith
Title: URETERAL ACCESS SHEATH

Docket No.: A-1790-AU

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(e))--SMALL BUSINESS CONCERN

I hereby declare that I am:

- ☐ the owner of the small business concern identified below.
☒ an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF SMALL BUSINESS CONCERN: APPLIED MEDICAL RESOURCES CORPORATION
ADDRESS OF SMALL BUSINESS CONCERN: 26051 Merit Circle, Suite 103, Laguna Hills, California 92653

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.12, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: URETERAL ACCESS SHEATH, by inventor(s): Gary R. Dulak and Ralph V. Clayman, described in:

- ☒ the specification filed herewith.
☐ application serial no. _____,
☐ patent no. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d), or a nonprofit organization under 37 C.F.R. § 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27)


NAME APPLIED MEDICAL RESOURCES CORPORATION
ADDRESS 26051 Merit Circle, Suite 103, Laguna Hills, CA 92653
☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statement were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of person signing: NABIL HILAL
Title of person if other than owner: Senior Vice-President
Address of person signing: 26051 Merit Circle, Suite 103, Laguna Hills, CA 92653

SIGNATURE  DATE 4/29/99